

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      |          |

**PATENT NUMBER**

## O.I.P.E.

PATENT DATE

SCANNED TR 3 Q.A. YM

|                 |            |       |          |              |              |
|-----------------|------------|-------|----------|--------------|--------------|
| APPLICATION NO. | CONT/PRIOR | CLASS | SUBCLASS | ART UNIT     | EXAMINER     |
| 09/869884       | D F        | 455   | 612 G    | 2684<br>2685 | Jacob DANIEL |

## APPLICANTS

Pasi Ahonen

### TITLE

Local wireless services

PTO-2040  
12/99

| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
|------------------------------|--|----------|--|--------------------|-----------------------------------|--|--|--|--|--|--|--|
| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
|                              |  |          |  |                    |                                   |  |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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|--|--|-------------|------------|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|  | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.   | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
|  |  |             |            |                                   |                      |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br>_____<br>_____  | _____<br>(Primary Examiner) (Date)           |             |            | <b>ISSUE FEE</b>                  |                      |
|  |  |             |            | Amount Due                        | Date Paid            |
| <input type="checkbox"/> The terminal _____ months of<br>this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner) (Date) |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |
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